

**IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING**  
**January 21-22, 2004**  
**EXECUTIVE SUMMARY**

<b>Members in attendance:</b>	<b>Tribe Represented</b>	<b>Region Represented</b>
Mr. Peter Masten, Jr.	Hoopa Valley Tribe	Northern
Ms. Frances Benally,	Warner Mountain Health,	Northern
Mr. Matt Franklin,	Ione Band Miwok Indians	East Central
Ms. Donna Schuler,	Sherwood Valley Rancheria	West Central
Ms. Rhonda McMichael,	Alt. For Ms. Theda Molina	Southern
Mr. Joseph C. Saulque	National Indian Health Board	

IHS staff in attendance:

Ms. Margo Kerrigan,	Area Director
Mr. J. Paul Redeagle,	Deputy Area Director
Mr. Dennis Heffington,	ISDA Program Manager
Mr. Kerry Gragg,	Chief, Health Facilities Engineering
Mr. Ed Fluette,	Associate Director, OEHE
Ms. Beverly Miller,	Associate Director, OMS

The California Area Tribal Advisory Committee (CATAC) meeting began on Tuesday, January 21<sup>st</sup> at 9:00 a.m. and ended January 22<sup>nd</sup> at 12:00 p.m. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, Indian Health Service (IHS) staff, and guests.

Ms. Kerrigan Director, California Area Indian Health Service (CAIHS), opened the meeting with a welcome, and introductions.

**PLANNING for the ANNUAL TRIBAL LEADER'S MEETING** - Ms. Kerrigan reviewed the preliminary draft agenda. Recommendations for the 2004 Annual Tribal Leader's Meeting made by CATAC members included requests received for breakout sessions. Because several requests were for rooms to meet during the main meeting, it was decided that only requests to meet that did not conflict with the main meeting would be considered.

A presentation by Ms. Lindsay Naas regarding the *Role Definition of Health Boards of Directors* was added. This presentation will discuss the governance responsibilities of healthcare governing bodies. The addition of this presentation was a result of various issues raised during the year that might be resolved if a clear definition of governing bodies responsibilities and program activities could be explored and discussed.

Other recommendations received included Phoenix Area Facilities Construction water and septic efforts, Prevention Wellness Center, Health Education presentation by Ms. Dawn LeBlanc on the *Benefits of Walking*, and the identification of moderators for the meeting.

**DRAFT CIRCULARS - CATAC REPRESENTATIVES, CALIFORNIA REPRESENTATIVES TO NATIONAL WORKGROUPS**

- Ms. Kerrigan reviewed proposed changes the California Area circular describing the CA Tribal Advisory Committee. This circular will be changed slightly to enable the adoption of a new circular entitled *California Representatives to National Workgroups*. This new circular describes the selection and inclusion of California Area representatives on national joint tribal/federal workgroups who can best contribute to a desired outcome and provide a California Area perspective on a variety of programmatic and administrative concerns. Some specific responsibilities of these representatives include:

Be prepared.

Coordination of travel needs.

Attending, summarizing, and reporting to CATAC and other tribal leaders.

Process for alternate members to attend, if necessary.

It was suggested that these circulars and CATAC member responsibilities be discussed at the Annual Tribal Leader's meeting prior to the regional caucuses.

Three national workgroups currently have representatives from the California Area. Ms. Rachel Joseph and Mr. Joseph Saulque are the California Area Tribal Representatives to the National Budget Formulation Workgroup. Ms. Christina Arzate and Mr. Peter Masten, alternate, were named the California Area Tribal representatives to the Secretary DHHS Tribal Consultation Policy Revision Workgroup. Mr. John Carney, Executive Director, Riverside-San Bernardino County Indian Health, Inc., will be the representative to the Federal/Tribal/State Human Services Workgroup.

**CALIFORNIA AREA EPIDEMIOLOGY (EPI) CENTER** - Mr. James Crouch, Executive Director, California Rural Indian Health Board, Inc., Mr. John Carney, Executive Director, Riverside-San Bernardino County Indian Health, Inc., and Mr. Devon Parlikar, Executive Director, Indian Health Council, Inc., presented a collaborative approach toward making a successful "California Area EPI Center"

program. The California Area is data rich, however the data must be crunched. In addition to the small IHS funding available, CDC is expected to provide additional funding. Support for the EPI center must be supported by a majority of tribes and programs statewide. These efforts will be a resource for every program and every California tribal government.

Dr. Carol Korenbrot, described the proposed model developed for the "Epidemiology Center for California". This tribally based unit for efficient collection and analysis of health information in the California Area is the initial approach under discussion. The initial partners are IHC, RSBCIHI, and CRIHB, along with an open invitation to all tribes and health programs.

Currently RSBCIHI provides an Epidemiology newsletter containing a morbidity and mortality monthly report, employs two epidemiologists, and has University affiliations with Loma Linda Medical School, and Loma Linda School of Public Health.

Ms. Rhonda McMichael made a recommendation to do a basic survey at the Annual Tribal Leader's meeting to get participation and "buy-in" from the participants attending the Annual Tribal Leader's Meeting.

Mr. Devon Parlikar summarized the following points -

- Get Tribal leaders to make a presentation describing the California EPI project at the Reno meeting.
- Invite a speaker from the Northwest Portland Area Indian Health Board.
- Develop a question and answer document describing "what's in it for me".
- Provide historical background information
- Ask Mr. Michel Lincoln to speak to tribal leadership at Reno.
- Discuss new funding (not existing funds from programs).
- Develop two or three governance options for the project.

**DISASTER PLANNING/BIOTERRORISM** - Dr. David Sprenger, who is the CAO Disaster Preparation Co-coordinator and Deputy Unit Commander, Sacramento Regional Disaster Medical Assistance Team, provided a summary of the disaster plan for California Area Indian Health Service Disaster Preparedness activities. The range of activities described include the interagency and intergovernmental policy development, planning and advocacy, continuity of operations, needs assessment, and training and education. The CAO has assisted the DHHS in the review of the

CDC and HRSA grant proposals from the State of California and the County of Los Angeles. The CAO is on the California State Advisory Committee for the CSC and HRSA grants.

The Area Director has met with California State Department of Health about including tribal programs in Phase 2 of the smallpox vaccination program.

CAO has developed a Continuity of Operations Plan describing a strategy for continuing operations in vital areas in the event of a disaster, for a period of 30 days.

An extensive Disaster Response Needs Assessment questionnaire was sent to all health program directors. One result of this questionnaire showed that 90% had disaster plan of some sort.

Dr. Sprenger is working with Indian Health Council, Inc. to develop, in collaboration with San Diego State University, a Disaster Preparedness Training program with an emphasis on Bioterrorism.

The training includes the development of a Bioterrorism web-site that has web-based training modules.

<http://www.ihsbioprep.org/BioPrep/index.asp>

The following additional web site is available for additional Disaster Preparedness Resources

<http://www.ihs.gov/FacilitiesServices/AreaOffices/California/Univ/ersal/PageMain.cfm?p=66>

**GPRA UPDATE** - Dr. Stephen Mader, Chief Medical Officer, distributed and reviewed "CA Indian health Clinic 2003 GPRA Results with Indian Health Service & Healthy People 2010 Goals", "IHS 12-Area Summary Report 2003", and the "California Area Indian Health Service Government Performance and Results Act-2003." GPRA 10.0 Appendix A: FY 04 and FY 05 GPRA indicators were discussed to show expected indicator performance reporting and performance targets for each indicator. Data is being used to identify high-risk groups and determine what follow-up has been accomplished.

GPRA+ software is available for all IHS areas for each July 1 through June 30 GPRA year.

**DIABETES PROGRAM UPDATE** - Ms. Dawn LeBlanc, Area Diabetes Control Officer, joining the meeting via conference telephone,

and Ms. Christine Arzate provided an update to the area Diabetes Program.

Information provided included: 60-70 geographically diversified competitive grants are anticipated this year, \$27.4 million available, including Urban programs, two primary funding areas include Primary Prevention and Cardiovascular disease, 15% administrative set-a-side, all IHS areas would receive funding.

A national IHS Diabetes Program regional meeting is planned for Sacramento, CA on April 14-15, 2004. Criteria for the competitive grant process will be discussed.

Volunteers were requested to the Annual Tribal Leader's Meeting in Reno, "Rez-Robics" planned activity and the Fun/Run Walk activity on Friday morning.

**YRTC - LOOKING FOR LAND** - Ms. Margo Kerrigan reviewed the status of the Project Justification Document (PJD) for the proposed Youth Regional Treatment Center (YRTC) Network expansion for California and the tribal leader notice sent out previously. The details of the two substance abuse facilities currently proposed and necessary programmatic approval at IHS Headquarters, for the project were included. "Site selection" decisions will be based on many factors including availability of staff and land. The proposed funding for the first facility will be expected in FY 2005 and the second facility in FY 2006.

Because the "proposed service program" is one component of the larger overall treatment network, the site must have access to medical services, must have reasonable proximity to air travel and car rental locations, and meet various other site criteria.

**CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) TRIBAL TECHNICAL ADVISORY GROUP (TTAG)** - Mr. James Crouch, Executive Director, California Rural Indian Health Board, Inc. (CRIHB) provided an update on the activities of the CMS TTAG. Mr. Crouch described the CMS Medicare Drug Discount Card and Transitional Assistance Program activities in identifying IHS sponsored national and local plans. One such plan included enrolling seniors and electronically sending reimbursement requests for drug costs up to \$600.

Mr. Crouch summarized the work groups initial conference call to detail plans for future face-to-face meetings, the TTAG charter, strategies and plans.

**FACILITIES APPROPRIATION ADVISORY BOARD (FAAB)** - Ms. Donna Schular, a CATAC member representing the West Central Region, and the Sherwood Valley Rancheria, serves as the California representative to the FAAB. Ms. Schular provided a summary of the FAAB meeting she attended with Mr. Fluette.

During this meeting, the FAAB reviewed a draft of the revision to the Healthcare Facilities Construction Priority System (HFCPS) along with recommendations for preparing it for tribal consultation. Most of the discussion revolved around how health status should be measured. It was noted that using health status as one of the factors was appropriate because sick people cost more to care for. Three options for measuring health status were presented: Adjusted Care Grouping methodology developed by the John Hopkins University, the Federal Health Benefits Plan Disparities Index currently used to allocate Indian Health Care Improvement Fund Appropriations, and Health Status Criteria adapted from the Federal Disparities Index.

**AREA FACILITIES MASTER PLAN** - Mr. Kerry Gragg, Area Facilities Engineer, described the goals involved with the "Area Facilities Master Plan". This plan is to develop a Health Services Master Plan to address the short and long term health care requirements for each federally funded service unit. This is expected to include the establishment of a conceptual direction for existing and new health care services, definition of how services provided at each facility may relate to a larger service network, and prioritized ten year Development Plan for each facility and for the Area as a whole.

Each IHS area, last February, was allocated approximately \$150,000 to develop an Area Master Health Facilities and Services Plan. Because of the number of sites in the California Area as compared to other IHS Areas, this funding does not appear equitable or sufficient to develop this plan. To properly complete such a plan for the California Area with our sites, an estimated \$1,500,000 is needed. Options will be discussed during the Annual Tribal Leader's Meeting in Reno.

**BUDGET FORMULATION** - Mr. Joseph Saulque discussed December 16<sup>th</sup> IHS Tribal/Urban Budget Workgroup Conference call. A summary of this call was distributed and is available upon request.

**RPMS - FY 2004 FOCUS** - Mr. Steven Lopez, Chief Information Officer, provided a matrix of CAO programs utilizing the RPMS and identifying the RPMS applications installed at each program.

Discussed was the importance and advantages of having a program supported and training provided by the Indian Health Service.

**NEXT CALIFORNIA AREA TRIBAL ADVISORY COMMITTEE MEETING** - The next CATAC meeting will be planned following the 2004 Annual Tribal Leader's Meeting.